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THE PILOT PROGRAM FOR THE EMOTIONALLY DISTURBED IN TEXAS. PROGRESS REPORT FOR 1965-1966.

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DURING THE 1965-66 SCHOOL YEAR, 20 CLASSES FOR THE EMOTIONALLY DISTURBED (IN PUBLIC SCHOOLS, MENTAL HEALTH CENTERS, AND HOSPITALS) ENROLLED 253 CHILDREN IN THIS PILOT PROGRAM. EVIDENCE OF NEUROLOGICAL DYSFUNCTION WAS FOUND IN 37 PERCENT OF THE STUDENTS. PSYCHIATRISTS CATEGORIZED THE STUDENTS AS HAVING TRANSIENT SITUATIONAL PERSONALITY DISORDERS (35 PERCENT), HAVING PERSONALITY DISORDERS (28 PERCENT), HAVING BRAIN DISORDERS (9 PERCENT), PSYCHOTIC (12 PERCENT), AND NEUROTIC (16 PERCENT). THE FISH AND SHAPIRO TYPOLOGY SHOWED GROSSLY UNINTEGRATED FUNCTIONING (15 PERCENT), IMMATURE, POORLY INTEGRATED FUNCTIONING (27 PERCENT), ORGANIZED BEHAVIOR WITH DEGREES OF ANXIETY AND INADEQUACY (46 PERCENT), AND ORGANIZED BUT ANTISOCIAL BEHAVIOR (12 PERCENT). THE WECHSLER INTELLIGENCE SCALE FOR CHILDREN YIELDED AN AVERAGE PERFORMANCE SCORE OF 96 AND AN AVERAGE VERBAL SCORE OF 98. SOME STUDENTS (73 PERCENT) AND PARENTS (62 PERCENT) RECEIVED THERAPY. TESTING RESULTS BEFORE AND AFTER THE PROGRAM SHOWED THAT STUDENTS MADE ACADEMIC GAINS IN THE STANFORD ACHIEVEMENT BATTERY. THERE WAS NO RELATIONSHIP BETWEEN TYPE OF CLASS (PUBLIC SCHOOL, MENTAL HEALTH CENTER, HOSPITAL) AND GROWTH MEASURED BY THE PARAGRAPH MEANING TEST, BUT SUCH A RELATIONSHIP DID EXIST FOR THE SPELLING, ARITHMETIC COMPUTATION, AND ARITHMETIC CONCEPTS TESTS. NO RELATIONSHIP WAS FOUND BETWEEN ACADEMIC GROWTH AND CLINICAL CLASSIFICATIONS, VERBAL-PERFORMANCE IQ PATTERNS, PERCENTAGE OF ATTENDANCES, NEUROLOGICAL INVOLVEMENT, INVOLVEMENT IN PSYCHOTHERAPY, OR SEX OF STUDENT. THERE WAS A TREND TOWARD THE ASSOCIATION OF GROWTH SCORES ON THE SPELLING TEST WITH THE STANDARD PSYCHIATRIC DIAGNOSTIC CATEGORIES. PROBLEM BEHAVIOR SIGNIFICANTLY DECREASED. IT WAS RECOMMENDED THAT THE LEGISLATURE (1) RAISE THE AGE LIMIT OF PROGRAMS FOR THE EMOTIONALLY DISTURBED FROM 17 TO 21 YEARS, (2) EXPAND THE PROGRAM TO 50 CLASSES FOR 1967-68, TO 70 CLASSES IN 1969-70, AND, THEREAFTER, TO THE NUMBER DETERMINED BY THE STATE BOARD OF EDUCATION, AND (3) PROVIDE A $2,000 ALLOCATION PER CLASS (OR A $1,600 ALLOCATION FOR HOSPITAL CLASSES) FOR OPERATING FUNDS. (DE)

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PROGRESS REPORT FOR 1965–1966

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TEXAS EDUCATION AGENCY / JANUARY, 1967

TEXAS EDUCATION AGENCY

AUSTIN, TEXAS

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• STATE BOARD OF EDUCATION
• STATE COMMISSIONER OF EDUCATION
• STATE DEPARTMENT OF EDUCATION

To the Honorable Governor of Texas and
Members of the Sixtieth Legislature:

We respectfully submit for your consideration this progress report of a pilot program for educating emotionally disturbed children through the public schools of Texas, authorized by Senate Bill 306, 59th Legislature. Because of the time required for data processing and analysis, this progress report was based on school year 1965-66 only. Additional follow-up study is planned.

The conclusions of this report were based on simple statistical techniques and straightforward inquiry of school administrators. These conclusions substantiate the recommendation of the State Board of Education now before the Governor and the Legislature to expand the program for emotionally disturbed children during the next biennium.

Supporting statistical data to this report are available and can be furnished upon request.

Respectfully submitted,

J. W. Edgar
Commissioner of Education

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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INTRODUCTORY STATEMENT

Some children have emotional and/or social problems to such an extent that they do not profit from the usual classroom experiences. These children become misfits in the typical classroom and frequently are excluded from classes or school. Teachers require specific assistance if they are to meet the conflicting emotional needs of disturbed and/or maladjusted children. This pamphlet describes efforts to educate emotionally disturbed children in Texas on a pilot program basis.

WHERE HAVE WE BEEN

Some provision has always been made for those children who would today be called emotionally disturbed and/or socially maladjusted. Frequently these provisions were inadequate, and, as a consequence, the State is now faced with a growing educational and social problem.

A few instances could be cited, however, of apparently effective classroom accommodations. A school district in Harris County, for example, initiated a special class for emotionally disturbed children as early as 1954. This class was financed locally. During the period from 1955 to 1963, the district operated two or three such special classes with beneficial results.

The public's growing awareness of the presence of emotionally disturbed and/or socially maladjusted children and the professional person's increased recognition that these children can be helped culminated during 1962 in a request from the Legislature for a study of emotionally disturbed children in Texas. The Texas Legislative Council was directed to undertake such a study in H. S. R. 87 adopted by the House of Representatives, 57th Legislature.

The results of the work of the Legislative Council's Study Committee and its Citizens Advisory Commission were published in *Emotionally Disturbed Children in Texas: A Report to the 58th Legislature, Report No. 57 – 4,* 1962. This publication cited a survey made by the Division of Mental Health, Texas State Department of Health which indicated that at least four percent of school age children in Texas were "emotionally disturbed *to some extent.*" (Italics added) Based on the 1960 Texas population under age 18, there were about 9,000 children in Texas who could be considered emotionally disturbed.

One outcome of this report was House Bill 210, 58th Legislature. The passage of this bill amended Article 2922-13, Vernon's Texas Civil Statutes, so as to include six special education classroom teacher units for emotionally disturbed children among those eligible for State funds under the Minimum Foundation School Program beginning September, 1963.

The State Board of Education adopted policies and standards for implementing a pilot program in October, 1963. Three classes were located in elementary schools at Austin, Dallas, and Galena Park; two classes in junior high schools at Houston and Waco; and one class at the University of Texas Medical Branch at Galveston.

An independent evaluative study of the pilot program was conducted and reported by Dr. Natalie Barraga of The University of Texas. Also, a group of interested resource persons formed an advisory committee to work with the Division of Special Education of the Texas Education Agency on the program. From experiences with these six pilot classes, recommendations were made for subsequent programs for educating the emotionally distrubed.

A supplemental *Report and Recommendations on Pilot Program for Emotionally Disturbed Children,* published by the Texas Education Agency during February, 1965 included four items for legislative consideration. Three of these involved the continuation, expansion, and financing of the pilot program. The fourth item was a recommendation to establish a new position of Research Coordinator-Consultant within the Division of Special Education of the Texas Education Agency to work with the pilot program for emotionally disturbed children.

Senate Bill 306, 59th Legislature further amended the Foundation School Laws to (1) continue the program for the emotionally disturbed on a pilot basis for the biennium, 1965-67; (2) increase the allocation of classroom teacher units from six to 20; and (3) reimburse each school district operating one of these pilot classes at the rate of $200 for each pupil enrolled in such classes with the exception of hospital units which would receive $600 per unit. These changes were effected beginning September, 1965 after the State Board of Education had adopted policies and standards for implementation of the legislation.

Application for a position of Research Coordinator-Chief Consultant was made and approved under Title V of the Elementary and Secondary Education Act, Improving and Strengthening State Departments of Education. This position was filled November 22, 1965.

The fourteen school districts which participated in the expanded pilot program and the classes operated by each are identified in Table One.

TABLE 1

Types of Classes in Operation by School Districts Participating in the Pilot Program for the Emotionally Disturbed 1965-66

School District	Primary	Upper Elem.	Secondary	Mental Health Center	Hospital
Alamo Heights				1	
Amarillo				1	
Austin	1*	1*			1
Dallas		1			1
Fort Worth	1				
Galena Park	1				
Galveston					2
Henderson	1				
Houston			1*	1	
Irving	1				
Pasadena	1				
Plano	1				
South Park (Beaumont)	1				
Waco	1		1*		

* indicates a class that was not a self-contained unit.

WHERE ARE WE NOW

Two major difficulties limiting the first analysis of the pilot program were the relatively small number of pupils and the great difficulty of obtaining accurate data on these pupils. Expanding the pilot program from six to 20 classroom teacher units alleviated the first difficulty. The second difficulty remained, for children considered emotionally disturbed do not always fit into predetermined categories. Neither do they always make valid responses to the usual tests used to evaluate emotionally disturbed children.

Description of students

Some descriptive statements can be made with certainty. According to the superintendents' reports, 253 children were enrolled in the pilot program during 1965-66. Of this number, 13 were considered ineligible and were not included in statistical analyses. All classes were conducted by and/or in cooperation with local independent school districts. Classes housed in public school buildings enrolled 109 children; those not housed in public school buildings enrolled 131 children.

Expected sex ratios of emotionally disturbed children vary. Frequently with psychiatric disorders there are approximately two boys to each girl.

The Legislative Council's Study Committee cited a ratio of three boys to two girls at seven outpatient clinics. During 1965-66, the pilot program enrolled 179 boys and 74 girls. Subtracting the eight ineligible boys and five ineligible girls, the enrollment was 171 boys and 69 girls. The overall ratio of 2.5 boys to each girl in the pilot classes does not reveal the differences among classes. The secondary classes, for example, differ markedly in this respect. Table Two summarizes the information about sex ratios among classes in the pilot program.

TABLE 2

Eligible Student Enrollment by Sex, Location, and Class Type

	Public School Location			Other Class Location		
	Primary	Intermed.	Secondary	Mental Health Center	Hospital	Total
Boys	51	14	21	23	62	171
Girls	18	3	2	6	40	69
Ratio of Boys to Girls	2.8	4.7	10.5	3.8	1.6	2.5

Students enrolled in these pilot classes had better than average attendance. According to the Division of Research of the Texas Education Agency, an average attendance of 90 per cent can be considered good attendance for regular classes. The average attendance for the pilot classes was 94 per cent. Student attendance is summarized in Table Three.

TABLE 3

Student Attendance in Pilot Classes

	Less than 90%	90-93%	94% or Greater	Total
Number	58	38	144	240
Relative Percentage	24	16	60	100

Further description of the students in the pilot classes involve professional judgments and measurement attempts with all the limitations of both approaches. Within these limits, however, definite statements can be made.

Although a primary psychiatric diagnosis of organic brain disorder was reported for only 16 students, approximately 37 per cent of those students

enrolled in classes for the emotionally disturbed had some evidence of neurological dysfunction. The evidence was either a clinical impression (based on psychological testing, neurological testing without specific negative results, and/or overall clinical judgment) or a specific neurological finding such as an abnormal electroencephalogram. Usable data were not available for 27 students. Table Four summarizes these findings.

TABLE 4

Neurological Involvement of Students

	No Indication	Clinical Impression	Specific Finding	No Data	Sum
Number	134	46	33	27	240
Relative Percentage	63	22	15	--	100

Classifications are essential for statistical purposes. Two attempts were made to identify clinical subgroups among the children for comparisons with program outcomes. First, psychiatrists were requested to use their standard diagnostic nomenclature when evaluating the children. This information was reported for 184 students and is presented in Table Five.

TABLE 5

Psychiatric Classification of Students

	Brain Disorder	Psychotic	Neurotic	Personality Disorder	Transient Situational Personality Disorders	Sum
Number	16	22	30	51	65	184
Relative Percentage	9	12	16	28	35	100

Second, clinicians were asked to rate each child using the Fish and Shapiro Typology, a classification system based on patterns of disturbed behavior. Children's behavior patterns were rated according to seven standards of integrated behavioral functioning, and children were then assigned to the type which most closely resembled their behavior. Type I is characterized by grossly unintegrated functioning. Type II is characterized by immature, poorly integrated functioning. Type III is characterized by generally organized behavior with varying degrees of anxiety and inadequacy. Type IV is characterized by generally well-patterned, organized behavior, but attempts to control expression of feeling and manipulate the environment may be expressed in antisocial behavior.

Ratings of 213 children according to the Fish and Shapiro typology were reported and are summarized in Table Six.

TABLE 6

Classification of Students by the Fish and Shapiro Typology

	Type I	Type II	Type III	Type IV	Not Classified	Sum
Number	32	58	98	25	27	240
Relative Percentage	15	27	46	12	--	100

The appropriate Wechsler intelligence scale was requested for each student. The Wechsler scale provides three intelligence quotients (IQ) for each student. The Verbal IQ depends primarily on ability with words. The Performance IQ depends relatively little on words. The Full Scale IQ is a combined score derived from the Verbal and Performance Scales. This information was provided for all but 35 students.

The mentally retarded, those children with IQ below 70, were ineligible for the pilot program. Some students with a measured intelligence quotient below 70 were included because there were other indications of greater intelligence and achievement potential. Valid measures of intelligence are sometimes difficult to achieve with the emotionally disturbed.

Interpreting potential for achievement in the regular education program of the public school as not mentally retarded or 70 IQ and above is a very liberal interpretation. David Wechsler, author of the intelligence scales used in this study, defined average intelligence as the IQ range 90-109. Based on a sample of students in the pilot classes, the average Verbal IQ was 98, the average Performance IQ was 96, and the average Full Scale IQ was 97.

An attempt was made to identify patterns among the different IQ scores. Did these students, for example, tend to score higher on the Verbal or Performance Scale? A significant difference was taken as 15 points or more. The pattern manifested was similarity rather than difference between the two types of measured intelligence. The results appear in Table Seven.

TABLE 7

Patterns of Verbal and Performance IQ Differences

	Not Different	Verbal Greater than Performance	Performance Greater Than Verbal	Sum
Number	145	31	29	205
Relative Percentage	71	15	14	100

Some of the children and/or their parents were receiving psychotherapy during the school year. Psychotherapy was defined in this study as regularly scheduled meetings for therapeutic purposes with a professional person trained in either psychiatry, psychology, or social work. The frequency of these meetings varied with the needs of the child. The number of children and parents who were reported thus involved in therapy are presented in Table Eight.

TABLE 8

Parent and Student Involvement in Therapy

	Neither Student Nor Parent In Therapy	Student In Therapy	Parent In Therapy	Both Student and Parent In Therapy	Sum
Number	35	42	19	109	205
Relative Percentage	17	20	9	53	99

The socioeconomic level of each child was estimated by the fathers' occupations when this was possible. The reported occupations included the unemployed to those in the professions. Each occupation was rated according to a socioeconomic index for occupations in the 1950 Census Bureau classification. The scale used for rating occupations and the procedure for deriving the status intervals are explained in the book by A. J. Reiss and others, *Occupations and Social Status*. The results are presented in Table Nine.

TABLE 9

Student Socioeconomic Status as Estimated from Fathers' Occupations

Approximate Percentages	Status Interval	Representative Occupations
12	80-99	Bankers and lawyers
27	60-79	Librarians and accountants
30	40-59	Electricians and bank tellers
18	20-39	Bus drivers and firemen
13	01-19	Porters and carpenters

Growth Tendencies

Perfect control of all factors was not possible in this analysis of the pilot program. This section, therefore, cites growth tendencies rather than absolute measures of growth attributable only to the students' presence in a pilot class.

The procedure used to determine academic changes was that of first counting the pupils who made measurable gains and losses on the Stanford Achievement Battery of academic tests. Then the proportion of those who gained was compared with the proportion of those who did not gain. Finally the question of how often would these proportions occur by chance was posed. Did enough students make measurable gains to indicate a real difference in academic achievement?

The results on the Paragraph Meaning, Arithmetic Computation, and Arithmetic Concepts Tests would occur by chance less than one time in a hundred. The results on the Spelling Test would occur by chance less than five times in a hundred. In other words, one can confidently say that students in the pilot classes made academic gains in the four areas measured by tests from the Stanford Achievement Battery.

Having found a difference in the number of students making academic gains and those not making gains, there is a question whether or not academic gain is associated with other identifiable factors. Are the boys, for example, more likely to make gains than the girls in the pilot classes? On the basis of a simple statistical technique (a chi square analysis), one would answer that such gains are not associated with the sex of the student.

Similarly, basing the conclusions on the scores of approximately 100 students who took both pretesting and posttesting on the Stanford Achievement Battery, the following statements can be made:

1. There was no relationship between the type of class - public school, mental health center, or hospital class - and growth measured by the Paragraph Meaning test.

2. There was a relationship between the type of class - public school, mental health center, or hospital class - and growth measured by the Spelling, Arithmetic Computation, and Arithmetic Concepts tests.

3. There was no relationship between measured academic growth tendencies and -
   - Clinical classifications
   - Verbal-Performance IQ patterns
   - Percentage of attendance
   - Indicated neurological involvement
   - Involvement in psychotherapy

4. A trend was noted toward an association of growth scores on the Spelling test with the standard psychiatric diagnostic categories.

5. There was a significant decrease in problem behavior among children in the pilot classes.

WHERE DO WE GO FROM HERE

Recommendations to the 60th Legislature for special education of the emotionally disturbed, adopted by the State Board of Education in October, 1966 indicate need for increased age limits for eligibility, increased numbers of classroom teacher units, and change in operational funding.

The primary reason for recommending a higher age limit for eligibility is to provide needed educational services to the emotionally disturbed in need of these services. The pilot program has demonstrated the feasibility of operating public school classes at State mental hospitals. These institutions include persons between the ages of 17 and 21 who desire to continue their education. Increasing the age limits will extend the possibility of high school graduation to more students and the probability of their becoming self-sustaining and contributing members of society.

Emotionally disturbed and/or socially maladjusted children like all handicapped children need flexible educational services more than rigid educational programs. Raising the eligible age limit for this program would provide flexibility. All other special education programs have an upper age limit of 21 years. By making the program for the emotionally disturbed consistent with other special education programs, the tendency to diagnose the child for an available class is removed. Raising the age limits for these classes also provides greater opportunity for cooperative utilization of available vocational rehabilitation services.

Application of the four per cent incidence rate of emotional disturbance to public school enrollment figures is one indication of the need for greater services to these children. When compared with the services rendered only through the pilot program, an overwhelming unmet need is evident.

The initial study report of the six pilot classes, for example, showed an enrollment of 100 children during 1963 and through mid-December of 1964. Public school enrollment in Texas during that period was about 2.4 million. During 1965-66, total enrollment was approximately 2.5 million children. In 1965-66, the pilot program for the emotionally disturbed enrolled only 253 children.

Every child who is to some extent emotionally disturbed may not need placement in a special class. The four per cent incidence rate with the estimated public school enrollment of 2,566,701 for 1967-68, however, means about 100,000 children in Texas need some kind of educational provision beyond the regular classroom. Assuming only half of these children required special class placement, another 3500 classes for the emotionally disturbed would probably be required.

To assume that a great number of classes could be provided at once is unrealistic. Trained teachers are scarce. Diagnostic, consultative, and supportive services from the mental health and medical professions are limited. Classroom space for many additional classes is inadequate. Necessary financial support is not now available.

An average expenditure of $2300 for 1965-66 was reported by school districts for each pilot class. Changing the reimbursement procedure from a per pupil basis to a per unit basis would reduce administrative costs and burdens as well as facilitate planning and implementation of the program. A proposed reimbursement rate of $2000 per unit, therefore, seems reasonable.

Controlled expansion of a special program for educating emotionally disturbed children will provide time for universities to train teachers, communities to develop supportive services, and school districts to plan for and build classrooms. A gradual expansion of the program would provide time and opportunity for establishing a sound financial basis, for determining feasible alternates to the special class approach, and for conducting research and evaluation for program improvement.

Recommendations for Legislative Consideration on Public Education in Texas, November, 1966 from the State Board of Education included the following three proposals for special education of emotionally disturbed children:

1. Extend the Pilot Program for the Emotionally Disturbed to provide a total of 50 classroom teacher units for the school year 1967-68; 70 classroom teacher units for 1968-69; and for the school year 1969-70 and thereafter, the number of classroom teacher units be determined by policies adopted by the State Board of Education.

2. Change the age limit for children in emotionally disturbed programs from 17 to 21 years.

3. Change the allocation of operating funds to a basis of $2000 per classroom teacher unit, except for hospital units which shall be $600.

With increased State support and leadership, local school districts will be able to provide more effectively for their children. The above recommendations indicate a step forward.